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Job stress and burnout in residential child care workers in Spain

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The aim of this study is to identify the variables related to stress and burnout syndrome among child residential care workers, as well as the most problematic areas of their work. A random sample of 257 professionals working in the Residential Child Care sector in Spain was studied by means of the TBQ questionnaire (Teachers' Burnout Questionnaire), adapted to child care workers. The results enabled us to detect the principal sources of job dissatisfaction, as well as revealing a greater incidence of stress than of burnout. Certain personal and work variables displayed relevant relationships with these measures.

Estrés laboral y burnout en educadores de acogimiento residencial en España. La finalidad de este estudio es identificar variables relacionadas con el estrés y el síndrome de burnout en educadores de acogimiento residencial, así como las áreas más problemáticas de su trabajo. Se estudió una muestra de 257 profesionales que trabajaban en este sector en España, mediante el CBP (Cuestionario de Burnout para Profesorado), adaptado para educadores. Los resultados permiten detectar las principales fuentes de insatisfacción laboral, así como la incidencia de un mayor grado de estrés que de burnout. Ciertas variables personales y laborales presentaron relaciones significativas con estas medidas.

Job satisfaction can be defined as a feeling of fulfilment or pleasure associated with one's work, and also as an attitude about various facets of one's job, such as working conditions, supervision and decision-making (Krueger, 1996). Job satisfaction is a determining factor for the quality of an organization and the services it provides (Bednar, 2003), but there are many sources of dissatisfaction and unease. One of the variables negatively associated with job satisfaction is job stress (Fogarty et al., 2000), which according to the NIOSH (1999) can be defined as the harmful physical and emotional response that occurs when the requirements of the job do not match the worker's capabilities, resources or needs.

Another concept associated with lack of job satisfaction is the syndrome of burnout, which for some authors (Schaufeli & Enzmann, 1998; Gil-Monte, 2005) is a specific consequence of chronic job stress. Burnout syndrome may appear in those professionals who maintain a relationship of constant and direct care with other people. Over time, these professionals suffer the symptoms of emotional fatigue, depersonalization and lack of personal fulfilment that characterize the syndrome, which may lead to negative attitudes towards the job, poor self-concept and loss of interest in clients (Maslach et al., 2001).

The present article explores the situation of stress and burnout in those working in children's homes with children and young people looked after by regional authorities. In Spain, since the

1980s, these people have been defined as *educadores sociales* («social educators», equivalent to the job of residential child care worker). A university specialization (*educación social*) was recently created, with a three-year course leading to a diploma, but there has been little time for holders of this diploma to come onto the labour market, so that qualified *educadores sociales* are still a minority among the personnel working in children's homes (for a review of the Spanish system, see Del Valle & Casas, 2002; and Del Valle & Bravo, 2002).

The care worker (*educador social*) constitutes the principal figure of reference for the child, for the family and for everyone else involved in the case (Del Valle & Fuertes, 2000). Their work is vital, in that they centralize the information of each case and assume direct responsibility for the child's upbringing, taking on the role of «surrogate parent» (Whittaker & Maluccio, 2002).

The principal studies carried out in this context have highlighted the difficult situation of these workers. Van der Ploeg and Scholte (1998), in one of the few studies on job satisfaction in residential care, carried out in Holland, conclude that one third of such workers express lack of satisfaction with their job, and that 40% intend to give it up in the near future. Among the factors influencing the lack of satisfaction are having to deal with children with serious problems, lack of autonomy and lack of feelings of participation in the organization. Other studies have been carried out in England, for example Whitaker et al. (1998) conclude that the most significant sources of stress are the fact of working with groups of adolescents with a wide range of problems (frequently including aggressive and threatening behaviour), lack of control over admissions, being under-resourced, high staff turnover, losing support from managers, feeling powerless, and experiencing negative effects on home and family life. Similar conclusions emerge from the work of Sinclair and Gibbs (1998), who stress the

importance of having a clear feasible role and good support from colleagues and management, and that the work does not interfere excessively with the worker's own family life. A particularly important finding in both of the last two studies is residential care workers' need to feel that the children are making progress, and that their work has its rewards. Other studies have underlined the difficulties of residential care management to create an appropriate staff culture and provide the necessary supervision and control (Brown et al., 1998; Whipp et al., 1998). Finally, other studies, such as that of Berridge and Brodie (1997), who repeated a study of a group of children's homes after 12 years, reveal the enormous instability of these institutions, the great majority of which in the Berridge and Brodie study had closed or changed their function. Added to this instability of services is that of the workers themselves, which today is a highly relevant problem in the out-of-home child care context (Berridge, 1999; Ward & Skuse, 2001), since it restricts efforts to construct secure and healthy environments for the children. Moreover, the most significant factor among care workers in their decision to leave the job would appear to be job stress (Coffey et al., 2004). Nevertheless, new studies indicate a considerable improvement in management in recent years (Whipp et al. 2005), with regard to selection, to planning and to organization.

Bearing in mind all of the above, the study of job satisfaction among residential child care workers should be a priority and an area of special interest. The present study sets out the following objectives: 1) to determine the main sources of job stress and burnout for those working in residential care, 2) to investigate the health problems they most frequently experience, and 3) to detect whether the personal and organizational variables studied are related to stress and burnout in this type of worker.

Method

Participants

The sample for this study was made up of 257 residential care workers, with an age range of 21 to 62 years (mean of 32 years) from 72 children's homes in different regions of Spain. Women made up 67% the sample.

Instruments

We used an adaptation of Moreno and Oliver's (1993) *Cuestionario de Burnout de Profesorado* (CBP, Teacher Burnout Questionnaire) for the context of residential care, modifying some items to fit the context of children's homes. It provides different measures related to job satisfaction, including, in addition to burnout and stress, aspects of health and other important features of the children's homes context, such as insecurity and exposure to conflict. The CBP has obtained acceptable values of internal consistency and concurrent, discriminant and factorial validity (Oliver, 1993). In our sample, the scales obtained alpha coefficients ranging from 0.76 to 0.89.

The adaptation used includes 58 items scored on Likert-type 5-point scales, 11 descriptors of physical health and 10 sociodemographic or professional variables. The structure of the questionnaire we employed has four scales, on which a high score signifies greater problems for the care worker in the variables analyzed:

- I) The Stress scale assesses feelings of anxiety, tension and pressure and situations of role ambiguity, lack of clear functions and criteria for work assessment and scarcity of resources.
- II) The Burnout-Depersonalization scale explores lack of personal involvement of staff in their work and alienation from the children in their care.
- III) The Burnout-Personal accomplishment scale includes questions referring to lack of satisfaction and feelings of disappointment or discouragement about the type of work.
- III) The Insecurity-Conflictiveness scale measures various aspects that can generate insecurity, such as threats from the children or adolescents in their care, the existence of conflict in the work context, and lack of support from colleagues or management.

Through the application of the CBP questionnaire we also measured personal and professional variables. The group of personal variables included: *age*, *gender*, *marital status* and *educational level* (graduates, diploma holders and those without university education). The group of professional variables included descriptive data about the job: *years of service* as a residential care worker, *type of children's home* in which the respondent works (public or private), *job contract* (indefinite, temporary or other type –substitution, back-up, etc.), *changes of institution*, and *number of children/adolescents* living in the home.

Procedure

Questionnaires were applied to participants individually on visits by a member of the research team to their workplace. To guarantee respondents' anonymity (an important element for the validity of responses) they were told that they could hand in their questionnaires in sealed envelopes (to a researcher on a second visit) or send them by post. Of a possible total of 270 care workers, 257 completed questionnaires were received.

Results

Descriptive results

First of all, with the aim of identifying the areas in which these professionals have most difficulties, we analyzed the means for each of the items on the CBP questionnaire scales. As table 1 shows, the highest mean values appeared on the *Stress* and *Conflict* scales. The response options for the scales were from 1 (totally disagree) to 5 (totally agree).

Table 1
Means and standard dev. of the questionnaire scales

Scales	Mean	SD
Stress	2.4195	.59027
Burnout-Depersonalization	1.7159	.42442
Burnout-Personal accomplishment	2.1728	.68351
Insecurity-Conflict	2.4425	.76572

The mean obtained for the *Stress* scale was 2.41. The items with the highest scores were those related to timetables, excessive paperwork, lack of knowledge about the criteria for assessing their work, exhaustion resulting from the job and lack of financial resources for fulfilling the care objectives.

The mean for the *Insecurity-Conflict* scale was 2.44. Items with higher means were those referring to excessive responsibilities, lack of support in problems with families and concern about one's professional future.

In the case of the *Burnout-Depersonalization* and *Personal accomplishment* scales the means obtained were 1.71 and 2.17, respectively.

As regards the physical health of the residential care workers, we asked about the presence of 11 health problems whose percentage of incidence are shown in table 2.

Table 2 Health problems	
Health problem	%
Frequent back pain	42.1
Insomnia	37.1
Frequent headaches	34.5
Frequent colds or flu	25.1
Frequent loss of appetite	15.5
Dizzy spells	15.2
Frequent diarrhoea	10.4
High blood pressure	7.8
Asthma	7.3
Ulcer	4.6
Other problems	25.9

The complaints most commonly reported in this sample are back pain (42%), insomnia (37.1%) and headache (34.5%).

Relationships between variables

We analyzed the relationship between burnout and certain personal variables (gender, age, marital status, educational level) and organizational variables (type of job contract, number of children in the home, years of service, type of children's home and changes of institution).

Age. This variable was divided into three levels: up to age 26, 27 to 37, and over 37. On the *Insecurity-Conflict* scale those aged over 38 scored significantly lower than the other two age groups ($F[2,237]=7.37, p<.05$). The result of the correlations shows that care worker's age correlates negatively with this scale ($-.235$ significant at $p<.01$). Thus, the youngest participants feel more insecure and perceive the environment as more conflictive.

Educational level. The residential care workers were divided into three groups according to their educational level: graduates (31.3%), diploma holders (48%), and those without university education (20.7%). Significant differences were found between the three educational levels for the four scales of the questionnaire. Those with a degree scored significantly higher in *Stress* ($F[2,253]=2.98, p<.05$) *Burnout-Personal accomplishment* ($F[2,253]=4.64, p<.05$) and *Insecurity-Conflict* ($F[2,253]=4.12, p<.05$) than those without university education. On the other hand, as regards the *Burnout-Depersonalization* scale, the non-university group scored significantly higher than the graduates ($F[2,253]=3.97, p<.05$).

Type of job contract. Three types of employment situation were considered: indefinite contract (45%), temporary contract (23%) and a residual category, «other type of contract» (32%), which would cover substitutions and back-up workers. Those in the

Table 3 ANOVA DMS post hoc analysis. CBP scales by the demographic variables of residential workers									
	Stress			Burnout-Depersonalization		Burnout-Personal accomplishment		Insecurity-Conflict	
	N	M	SD	M	SD	M	SD	M	SD
Age									
Up to 26	60	55.36	13.17	13.85	2.74	15.06	4.86	<u>30.78</u> ⁺	8.95
27 to 37	133	55.36	12.80	13.02	3.07	15.31	4.66	<u>29.47</u> ⁺	9.07
38 and over	47	54.17	14.67	14.17	5.04	15.04	5.59	<u>24.27</u> ⁻	10.03
Education									
Degree	80	<u>57.11</u> ⁺	13.07	<u>13.05</u> ⁻	2.72	<u>16.26</u> ⁺	5.35	<u>29.52</u> ⁺	9.07
Diploma	123	55.26	12.77	13.24	3.55	15.07	4.29	29.66	9.30
Non-university	53	<u>51.56</u> ⁻	13.52	<u>14.66</u> ⁺	4.19	<u>13.71</u> ⁻	4.73	<u>25.45</u> ⁻	10.07
Contract									
Indefinite	109	<u>53.37</u> ⁻	12.81	<u>12.91</u> ⁻	3.22	15.26	5.15	<u>27.15</u> ⁻	9.74
Temporary	56	53.55	11.08	14.07	3.15	14.50	4.42	28.64	8.68
Other	78	<u>57.62</u> ⁺	14.04	<u>13.79</u> ⁺	3.58	15.26	4.90	<u>30.65</u> ⁺	9.47
Years of service									
Up to 4	167	55.25	12.83	13.29	2.92	<u>15.49</u> ⁺	4.85	29.46	9.22
5 to 10	58	54.13	13.62	13.98	4.36	<u>14.94</u> ⁻	4.48	28.17	9.58
11 or over	24	55.50	16.59	13.70	5.02	<u>13.25</u> ⁻	5.62	25.62	10.15

Notes: N= Number of subjects, M= Mean, SD= Standard deviation.
Underlined= Differences significant at .05 level (+ and - indicates the pair(s) of significant differences)

«other type of contract» category scored significantly higher than the indefinite contract group on the *Stress* ($F[2,240]=3.05, p<.05$), *Insecurity-Conflict* ($F[2,253]=3.11, p<.05$) and *Burnout-Depersonalization* ($F[2,253]=3.13, p<.05$) scales.

Years of service as residential child care worker. This variable was divided into three levels: those with up to 4 years' service, those with 5 to 10 years, and those with more than 10 years. On the *Burnout-Personal accomplishment* scale, the group with least number of years in the profession (up to 4 years) score significantly higher than those with more experience ($F[2,246]=3.22, p<.05$).

Changes of institution. We distinguished between those who had changed institution on a maximum of two occasions and those who had moved three times or more. Those in the latter group scored significantly higher on the *Insecurity-Conflict* scale ($t=2.01, p<.05$).

No significant differences were found in relation to *Sex*, *Marital status*, *Number of children* or *Type of children's home*.

Discussion

Through analysis of the means of the CBP questionnaire scale items, it is possible to identify the main problems perceived by residential care workers. The highest mean values are found for the *Stress* and *Insecurity-Conflict* scales. Specifically, excessive responsibility was one of the most negative aspects, given the pressure of working with groups of children and the repercussions of errors in this context.

Another significant problem that emerges is lack of support at work, be it from colleagues and supervisors, management, or administration. The association between lack of support and burnout has already been highlighted elsewhere (Sinclair & Gibbs, 1998; Whitaker et al., 1998; Rhoades et al., 2001). As regards instability in relation to their professional future, which also gave high scores, the data is in line with that of Cordes & Dougherty (1993), who found organizational expectations (expectations about the nature of the professional system in general and the job in particular) to be related to burnout. Other studies have clearly shown the enormous instability of children's homes themselves (Berridge & Brodie, 1997), as well as that of children's homes staff (Berridge, 1999; Ward & Skuse, 2001), although caution is needed in comparing residential care in so different contexts as England and Spain.

With regard to the physical health of residential care workers, the data is revealing in many aspects. The most noteworthy finding is that 42.1 % complain of frequent back pain. These data are worrying if we take into account that statistics indicate a figure of around 33% of workers in general according to the Third European Survey on Working Conditions (Paoli & Merlliè, 2001). Problems of insomnia are reported by 37.1% of our sample, and although the results of research on sleep disorders vary considerably, it is estimated that between 4 and 22% of the general population suffer from insomnia (Chevalier, Los, Boichut et al., 1999). Finally, 34.5% of child care workers report frequent headaches, whilst the figure for European workers has been estimated at 13% (Paoli, 1997). In sum, the rate of health problems reported by these professionals gives cause for concern, especially if we compare the figures to those found for workers in general.

We found an influence of *age* on the *Insecurity-Conflictiveness* scale. The eldest group of care workers (over age 38) presented

fewer problems. This result reveals that the younger employees perceive less support from the organization, while they also feel more intensely affected by conflicts. In this regard it could be said that as workers get older they acquire greater security and tend to feel less vulnerable to job stress. However, the majority of studies reviewed fail to show a clear association between the age variable and burnout syndrome in general (Cordes & Dougherty, 1993; Leiter & Harvie, 1996).

With regard to *educational level*, we found first of all that those with the higher levels (a degree) present more stress and perceive greater levels of insecurity and conflict, in line with the findings of Van der Ploeg & Scholte (1998). Sinclair & Gibbs (1998) also found that qualified workers typically had lower morale than less qualified ones. These care workers perceive greater conflict in aspects such as routine, rules, demands or work assessment criteria. They perceive more role ambiguity and conflict, which could be related to an imbalance between the training they have received and the work they are required to do as residential care workers. Secondly, graduates are also those who complain most about lack of administrative resources. The fact that those with a university education more commonly present this type of problem may reflect a discrepancy between the expectations generated by a university background and the reality of the children's organizations in which they work. Thirdly, graduates are those who report lower personal accomplishment, which may be due to the fact that the majority of those currently working as residential care workers do not have the social education qualification, but rather others that generate higher expectations (psychologists, social workers, etc.). A relevant characteristic for psychological well-being (or, on the other hand, for the onset of job stress) is the opportunity offered by the job for development of one's own skills. If such opportunities are too scarce, this aspect can become a source of stress (Peiró, 2000). And finally, fourthly, in relation to the *Burnout-Depersonalization* scale, the non-university group scored significantly higher than the graduates, which could be explained by the lack of practical skills for the work they have to do.

For the study of employment situation we have considered two *types of contract* (indefinite and temporary) and a residual category called «other type of contract» (substitutions, back-up, etc.). Those in this last-mentioned category obtain significantly higher scores on the *Stress* and *Insecurity-Conflict* scales. It is to be expected, indeed, that this category includes those with the least employment stability, and hence their perception of less support from the organization and the more negative view of the conditions in which they work. These results are in line with those of Wade et al. (1986), who consider work instability as a predictor variable of burnout.

It was found that those with fewer *years of service* (up to 4 years), score significantly higher on the *Burnout-Personal accomplishment* scale. There is likely a period of «settling in» in which the residential care worker feels especially vulnerable to burnout. This would be the early years of service, the period of transition from idealist expectations to everyday practice, when care workers typically discover that the personal, professional and financial rewards are not what they had expected. These findings would also be in line with the claims of Turnipseed (1994), who argues that it is new care workers who suffer the highest incidence of burnout. However, results could also reflect a selection effect with the more stressed workers tending to leave and thus not being present among those who stay longer.

As regards the variable *changes of institution*, we found that those who had changed three or more times perceived less support from the organization in relation to professional and personal problems. Job instability and changes of workplace may be giving rise to problems of adaptation. Nevertheless, it is also possible that job changes are due to job dissatisfaction.

Overall, the results indicate that the most problematic areas of residential child care work are of enormous relevance, and can easily explain the high levels of instability among these professionals. Some are related to fatigue and the job conditions, such as instability of contracts, excessive paperwork and red tape, lack of resources for the work, shifts, timetables and physical exhaustion. All of this can readily be associated with the considerable health problems detected in our sample.

In contrast, other problem areas have to do with more psychological aspects, such as excessive responsibility due to the crucial nature of the decisions these professionals have to take and the probability of making mistakes with serious consequences. It is possible of course that causation runs the other way: workers may see their responsibilities as excessive because they are stressed rather than become stressed because of excessive responsibility. Commonsense, however, suggests that high levels of responsibility cannot be good for staff who are inadequately prepared for them. As already mentioned, the newness of the social educator qualification, the heterogeneity of staff background, the wide range of potential tasks and even, in

some cases, a lack of well-defined objectives on the part of the residential programmes themselves (Bravo & Del Valle, 2001) mean that the references for what constitutes quality work are unclear. Finally, but not least importantly, when conditions are made difficult by some or all of the factors mentioned, the support of colleagues and supervisors becomes an aspect that can help to overcome the situation or, on the other hand, that can severely exacerbate it and affect performance and job satisfaction.

Bearing in mind these considerations, some important recommendations can be made for the organization of residential child care, such as the setting out of well-defined objectives, as well as the procedures for achieving them in the form of specific tasks and processes. Likewise, close supervision and teamwork based on mutual support emerge as essential aspects of the organizational culture.

The results have shown that problems related to the concept of stress are more acute than those associated with burnout, and that in both cases the insecurity-conflict scale is a clear indicator of the problems of relationships with the children and with colleagues that tend to be characteristic of children's homes. Thus, rather than a problem of lack of interest and involvement in the work due to fatigue or exhaustion (characteristic of burnout), there emerges a situation of excessive demand in relation to the available resources (characteristic of stress), exacerbated by a perception of lack of support from the organization.

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